



# APPLICATION FOR ISSUANCE OF FUNERAL DIRECTOR LICENSE BY RECIPROCITY

State Form 45265 (R3 / 4-03)

Approved by State Board of Accounts, 2003

**FEE: \$200.00**

State Board of Funeral and Cemetery Service  
302 W. Washington St., Room E034  
Indianapolis, IN 46204  
Telephone: (317) 232-2980  
www.in.gov/pla

## ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE (IC 25-1-8-2E)

**NO APPLICANT** shall be qualified for licensure as a Funeral Director by reciprocity unless the applicant has met the requirements for the issuance of an Indiana Funeral Director License, pursuant to IC 25-15-4-3 .

\* Your Social Security number is requested as stated in IC 4-1-8-1; disclosure is mandatory. The number will be given to the Department of Revenue.

Name of applicant				Social Security number *	
Address (number and street, city, state, ZIP code)					
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Telephone number	Age	I was originally licensed by the state of:	Embalmer number	Funeral license number	
<p>Attached is certification of licensure by said state; copy of diploma from an accredited high school, certified copy of college transcripts, or department of mortuary science diploma; a copy of the National Conference Examination passing scores, notification of completion of one (1) year continuous experience in the practice of funeral service under the direct supervision of a funeral director licensee, and I acknowledge that after my application is reviewed and approved by the State Board of Funeral and Cemetery Service, I will be scheduled for the next available Funeral Director Examination.</p> <p>Have you ever been convicted of a crime (felony or misdemeanor)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach supporting documentation relevant to the conviction.</p> <p>Have you ever had any complaint filed against you with the State Board of Funeral and Cemetery Service or with the Funeral and Cemetery Board of any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain on separate sheet of paper and include documentation.</p> <p>I hereby verify that the foregoing is true and correct.</p>					
Signature of applicant					

## NOTARY CERTIFICATE (SWORN OATH)

STATE OF _____			} SS:
COUNTY OF _____			
I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.			
Signature of applicant		Signature of Notary Public	
Printed or typed name of applicant		Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires	

**PLEASE SUBMIT A CURRENT PHOTOGRAPH WITH YOUR APPLICATION. NO PHOTOCOPIES OR NEWSPAPER CLIPPINGS WILL BE ACCEPTED.**

**PLACE  
PHOTO  
HERE**